

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Family Home 1922 Bloomfield
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years years, months or days

3. (a) PRINT FULL NAME

Times STRAIN

3. (b) If veteran, _____

name war _____

3. (c) Social Security

No. 495-10-8191

4. Sex Male 5. Color or race ew 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ year

7. Birth date of deceased July 12 - 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 10 21 hr. min.

9. Birthplace Gallatin Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name W. F. Strain

13. Birthplace Idaho (City, town, or county) (State or foreign country)

14. Maiden name Mathey Gosway

15. Birthplace Idaho (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mollie Strain

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof 6-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Organ Mo.

18. (a) Signature of funeral director Seabough Funeral Home

(b) Address Cape Girardeau Mo.

19. (a) 6-3-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County Cape
(c) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 922 Bloomfield (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1941 hour 4:15 minute _____ M.

21. I hereby certify that I attended the deceased from _____

_____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Natural Causes

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

By means of injury _____

23. Signature N. Burton Hart (M.D. or other) _____

Address Jackson, Missouri Date signed June 3, 1941



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. H. Estes

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.